

CORRECTIONAL MANAGED CARE

CLINIC NOTES - NURSING

Patient Name: ROBLES, DIONICIO **TDCJ#:** 1443175 **Date:** 07/30/2007 22:47 **Facility:** JESTER IV

Age: 54 Years **Race:** H **Sex:** Male

Most recent vitals from 07/21/2007: BP: 177 / 82 (Sitting) ; Wt: 220 Lbs.; Height: 71 In.; Pulse: 108 (Sitting) ; Resp: 16 / min; Temp: 99.1 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: **Name of interpreter, if required:**

Today's Problem:

S: Seen cellside for safety / progress check.

O: Observed lying on bunk wrapped in blanket, calm and quiet, appears to be asleep.

A: Respirations even and unlabored, no apparent distress noted.

Plan is as follows: Maintain safety.

Electronically Signed by RAMIREZ, MICHAEL L.V.N. on 07/30/2007.
##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: ROBLES, DIONICIO **TDCJ#:** 1443175 **Date:** 07/30/2007 07:19 **Facility:** JESTER IV

Age: 54 Years **Race:** H **Sex:** Male

Most recent vitals from 07/21/2007: BP: 177 / 82 (Sitting) ; Wt: 220 Lbs.; Height: 71 In.; Pulse: 108 (Sitting) ; Resp: 16 / min; Temp: 99.1 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: Name of interpreter, if required:

Today's Problem:

S/O- PT LYING DOWN ON THE BUNK
SLEEPING TOTALLY EXPOSED HIS
SELF NO COVER, RESPIRATION UNLABORED.
A- NAD, NO SUICIDAL GESTUREE.
P- TO CONT. TO MONITOR.

Procedures Ordered:

NURSING LEVEL1 COMPLETE VISIT: mood disorder nos

Plan is as follows:

Electronically Signed by PANINGBATAN, GREGORIO R.N. on 07/30/2007.
##And No Others##

**CORRECTIONAL MANAGED CARE
MENTAL HEALTH SERVICES**

MENTAL HEALTH INPATIENT PSYCHOSOCIAL EVALUATION

Patient Name: ROBLES, DIONICIO TDCJ#:1443175 Date: 08/03/2007 09:32 Facility: JESTER IV

Age:54 Race: H Sex: Male

Patient Language: **Name of interpreter, if required:**

Active Problems: *

Cars:

Mental Health Cars 1 First Observed 07/18/2007 08:23AM

Dental Cars 1 First Observed 07/18/2007 08:26AM

Medical Cars 0 First Observed 07/18/2007 09:56AM

Nurse Protocol:

Np - Psychiatric Symptoms First Observed 07/21/2007 10:09AM

Not Specified:

Physical Examination First Observed 07/17/2007 04:43PM

Tb Class 0 (no Exposure Pulm. Tuberculosis) First Observed 07/18/2007 09:56AM

Pre-seg/lock-up/uof Physical Exam First Observed 07/21/2007 10:42AM

I. Identifying information:

Offender Name:	Robles, Dionicio
Sex:	Male
DOB:	05-30-1953
Age:	53
Ethnicity:	Hispanic
UOA:	Garza West
DOA to CM:	07-23-2007
DOA to D&E:	07-26-2007

II. Reason for referral/circumstances leading to admission:

The patient was referred to Jester IV Diagnostic and Evaluation (D&E) from CM Unit, due to suicidal ideations. This psychosocial evaluation was completed in accordance with MHS Policy and Procedure D-2.1. The purpose of this evaluation was to assess the patient's current mental functioning, DSM-IV diagnosis, and to make recommendations for further treatment as appropriate. The patient was informed that this report would be placed in his mental health record, and he voluntarily gave his informed consent. Information for this evaluation was obtained via clinical interview, behavioral observations, psychological testing, and the patient's TDCJ medical and mental health records.

III. Chief complaint: The patient was asked to summarize his chief complaint that would be the focus of clinical attention. He stated, "Moodiness and not being able to control things. My concentration level is low and I am unhappy at the moment. I have crying spells from time to time and I am not able to sleep."

IV. Mental health history: The patient reported a history of mental illness in the free world. He claimed he received outpatient treatment from MHMRA in Victoria and from a private psychiatrist. He was diagnosed with Major Depressive Disorder and was prescribed Cymbalta (90mg) and Abilify. He denied ever receiving any inpatient treatment. He has never received inpatient treatment within TDC prior to this admission. He is currently being prescribed Celexa to help with his depression/anxiety. Regarding a family history of mental illness, he stated his uncle has epilepsy and his brother (deceased) and sister both suffer from depression. He denied a history suicide

**CORRECTIONAL MANAGED CARE
MENTAL HEALTH SERVICES**

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attempts or self-mutilating behavior.

V. **Social history:** The patient was born and raised in Port Lavaca, Texas. He stated he and his 3 biological brothers (1 is deceased) and 1 biological sister were raised in an intact family. He stated that he has been married twice and had 1 daughter with his first wife and 2 sons and 1 daughter with his second wife. He claimed he was sexually abused by his cousin when he was 9-years-old. He reported that he has contact with his family. He reported that he was employed in a chemical plant for 16 years in the free world. He reported that he was in regular classes, completed the 12th grade, and received a high school diploma. The TDC records indicated an unknown EA reading score and IQ score. He has positive history of head trauma and loss of consciousness from a car accident. He denied ever serving in the military and a history of seizures. He reported that he recently filed for disability, but is unaware of his status. He is currently serving a 60 years sentence for possession of child porn.

V. **Substance use history:** The patient denied a history of substance abuse. He reported a family history of alcoholic abuse. The patient denied ever receiving inpatient substance abuse treatment.

VII. **Mental Status Examination:**

Orientation: He was oriented to person, place, situation, and date.

Appearance: He is a 53-year-old nourished Hispanic male that looks his stated age. He was appropriately grooming and wearing state mandated clothing.

Behavior: he was calm and cooperative

Mood and affect: dysphoric and sullen; flat affect; when asked to describe his mood he stated "I have been feeling depressed, moody, and restless." He stated that he is has an appetite, but has not been showering due to his

injury from falling off the bunk at Garza. He stated he is sleeping 6 hours but still feels tired and lacks energy.

Speech: normal rate, rhythm, and volume; nonspontaneous speech

Thought processes: logical, organized, and goal oriented

Thought content: Content was relevant and appropriate; He reported auditory hallucinations with an onset that occurred three months ago (questionable validity); denied visual hallucinations; he did not present with paranoia or delusional ideations

Suicidal/homicidal ideation: denied suicidal/homicidal ideations and contracted for safety throughout his stay in D&E; denied having means/plan to hurt his self

Cognition: excellent memory (3 of 3), excellent calculations skills, excellent concentration skills with regard to spelling the word world backwards, and good abstract reasoning

Insight and judgment: good judgment by testing, and good insight to his illness

VIII. **Results of Psychometrics:**

Psychometrics were not given due to the patient's inability to read without his glasses.

IX. **Summary of findings:**

The patient is a 53-year-old Hispanic male who was referred to Jester IV from CM due to suicidal ideations. He complained of feelings of depression, fatigue, and poor sleep and concentration. Throughout his stay on D&E he denied suicidal/homicidal ideation and visual hallucinations. He reported an onset of auditory hallucinations (questionable validity) a couple of months ago. The patient reported that he received

**CORRECTIONAL MANAGED CARE
MENTAL HEALTH SERVICES**

MENTAL HEALTH INPATIENT PSYCHOSOCIAL EVALUATION

Patient Name: ROBLES, DIONICIO TDCJ#:1443175 Date: 08/03/2007 09:32 Facility: JESTER IV

outpatient treatment from a private psychiatrist and MHMRA in Victoria and denied ever receiving inpatient treatment. He reported that he has been diagnosed with Major Depressive Disorder and has been prescribed Cymbalta (90mg) and Abilify. This is his first admission to inpatient treatment within TDC. Within TDC he is taking Celexa to help with his depression and anxiety. The patient denied a history of substance abuse. He claimed a family history of mental illness, but denied a history of suicide attempts or self-mutilating behavior. In summary, clinical interviewing, behavioral observations, psychological testing, and the patient's history suggest that he suffers from suffers from Major Depressive Disorder.

Axis I: 296.22 Major Depressive Disorder, Recurrent, Moderate

Axis II: Deferred

Axis III: See Medical Record

Axis IV: Incarceration

Axis V: GAF = 59

X. Recommendations/Interventions:

Therapeutic Program: It is recommended the patient be admitted to Mood Disorder Program if the patient's condition has not stabilized by Day #7. The outpatient setting is the least restrictive environment for treatment at this time.

XI. Prognosis: Guarded, provided the patient adheres to prescribed treatment interventions.

Procedures Ordered:

MH IP ASSESSMENT/EVALUATION: major depressive disorder, recurrent , moderate

Electronically Signed by OLFERS, RITA G MA on 08/03/2007.
##And No Others##

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Triage Interview

Patient Name: ROBLES, DIONICIO

TDCJ#:1443175

Date: 08/09/2007 10:17

Facility: BYRD

Age:54 Race: H Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

Active Problems: *

Cars:

Mental Health Cars 1 First Observed 07/18/2007 08:23AM

Dental Cars 1 First Observed 07/18/2007 08:26AM

Medical Cars 0 First Observed 07/18/2007 09:56AM

Mental Health:

Anxiety Disorder Nos First Observed 07/21/2007 08:46PM

Nurse Protocol:

Np - Psychiatric Symptoms First Observed 07/21/2007 10:09AM

Np - Musculoskeletal Symptoms First Observed 07/22/2007 08:24AM

Not Specified:

Physical Examination First Observed 07/17/2007 04:43PM

Tb Class 0 (no Exposure Pulm. Tuberculosis) First Observed 07/18/2007 09:56AM

Pre-seg/lock-up/uof Physical Exam First Observed 07/21/2007 10:42AM

Mood Disorder Nos First Observed 07/25/2007 01:23PM (Rule Out)

Brief Psychiatric Rating Scale First Observed 07/30/2007 05:26PM

Major Depressive Disorder, Recurrent , Moderate First Observed 08/03/2007 09:37AM

S: Patient interviewed to determine urgency of mental health needs.**Referral Source:**☐ Chain screen☐ Sick-call request/I-60☐ Walk-in☒ Referral from: __chart review_____

Date Stamped: _____

Reason for referral/complaint: on meds

☒ Discussed limits of confidentiality with offender. He/she verbalized understanding

Problems/Issues addressed: The offender is currently prescribed Celexa and Thorazine x 1 week per self report. Thus far, he voices no complaints about the medications. He reports that the was initially treated in 1996 by his family doctor and was prescribed Cymbalta and Abilfy. The two medications were also continued in the county jail. He reports that he began to experience auditory hallucinations and was thus prescribed Thorazine. Access to care was discussed and he was informed that he would be followed up by MHS at his unit of assignment.

O: Mental status/behavioral observations**MENTAL HEALTH BEHAVIORAL OBSERVATIONS**

Personal Appearance

Neatly Dressed

Personal Hygiene

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Triage Interview

Patient Name: ROBLES, DIONICIO

TDCJ#:1443175

Date: 08/09/2007 10:17

Facility: BYRD

Clean, Hair Combed, Teeth Brushed
 Cell/Room Appearance
 Not Assessed
 Motor Activity
 Calm, Relaxed
 Attention
 Listens, Makes Eye Contact
 Speech
 Volume
 Normal
 Rate
 Normal Flow, Conversational
 Appropriateness
 Answers Questions Appropriately
 Emotional Expression
 Normal, Expresses Self Appropriately
 Patient Self-Report
 No Complaints
 Mental Health Complaints Regarding:
 Depression
 Denies Suicidal Ideations

- A: ☐ Urgent mental health needs identified
☐ Non-urgent mental health needs identified
☐ No apparent mental health needs
☒ Currently receiving Mental Health treatment
☐ Other:

- P: Refer to:
☐ QMHP
☐ Psychiatrist/PA/NP
☒ Other: MHS at unit of assignment for follow up

☐ Return to clinic in _____ for follow-up
☐ See as scheduled by current mental health provider
☐ Follow-up upon request or referral. Access to care procedure explained to patient

Procedures Ordered:

MH OP FOLLOW-UP: mental health care 1, major depressive disorder, recurrent ,
 moderate

Electronically Signed by GOUGLER, CHRISTINA L BS, LBSW, MHL on 08/09/2007.
 ##And No Others##

MEDICATION PASS

08/14/2007

TDC NO.: 01443175
UNIT: DU

NAME: ROBLES, DIONICIO JR
HOUSING LOCATION: UNASGN

BED:

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
CITALOPRAM 20MG TAB 1 TAB QAM X 30 D	YU, KARL D	07/30/07	08/28/07	0 1	09/27/07
CHLORPROMAZINE 200MG TAB # 1 TAB QPM X 30 D	YU, KARL D	07/31/07	08/29/07	0 1	09/28/07

AUGUST 14, 2007

TO: WARDEN KUKUA

I LATARVIA WILKERSON-PCA AT THE BYRD UNIT GAVE OFFENDER
ROBLES, DIONICIO JR. #1443175
HIS MEDICATION CHLORPROMAZINE 200 MG TABLET ON AUGUST 12, 2007 AT
14:36p.m.
AND ON AUGUST 11, 2007 HE TOOK HIS CITALOPRAM 20 MG AT 07:56 AM
AND ALSO HE TOOK HIS CHLORPROMAZINE 200 MG AT 14:43PM

THANK YOU


LATARVIA WILKERSON-PCA

CSPH0076

T. D. C. J. - INSTITUTIONAL DIVISION

08/14/2007

PHARMACEUTICAL SYSTEM

05:55:46

COMPLIANCE

TDC NUMBER: 01443175 NAME: ROBLES, DIONICIO JR AUTO-RENEW: NO

RX DATE	RX TIME	START	STATUS	LABEL NAME	ROUTE
07/31/07	14:27:09	07/31/07	ACTIVE	CHLORPROMAZINE 200MG TAB #	ORAL

DATE	TIME	TERM	TECHNICIAN	DATE	TIME	TERM	TECHNICIAN
07/31/07	15:00:00	J4MK	***-**-5969				
08/01/07	14:52:16	J4M3	***-**-5454				
08/02/07	16:45:25	J4M1	***-**-8632				
08/03/07	17:16:11	DUM5	***-**-2030				
08/04/07	14:42:24	DUM5	***-**-7327				
08/05/07	14:29:25	DUM5	***-**-7327				
08/06/07	14:38:46	DUM5	***-**-7707				
08/08/07	14:34:32	DUM5	***-**-7707				
08/09/07	17:44:56	DUM5	***-**-7707				
08/10/07	16:21:23	DUM5	***-**-7707				
08/11/07	14:43:19	DUM5	***-**-4320				
08/12/07	14:36:29	DUM5	***-**-4320				

END	MEDICATION PROFILE	DELETE	DISPENSE DRUGS
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CSPH0076

T. D. C. J. - INSTITUTIONAL DIVISION
 PHARMACEUTICAL SYSTEM
 COMPLIANCE

08/14/2007
 05:55:57

TDC NUMBER: 01443175 NAME: ROBLES, DIONICIO JR AUTO-RENEW: NO
 RX DATE RX TIME START STATUS LABEL NAME ROUTE
 07/30/07 17:14:05 07/30/07 ACTIVE CITALOPRAM 20MG TAB ORAL
 DATE TIME TERM TECHNICIAN DATE TIME TERM TECHNICIAN
 07/31/07 08:45:00 J4MB ***-***-5969
 08/01/07 08:08:50 J4MB ***-***-5454
 08/02/07 08:03:58 J4MB ***-***-8632
 08/02/07 09:09:01 J4M1 ***-***-6274
 08/07/07 04:44:18 DUM5 ***-***-7327
 08/08/07 04:14:05 DUM5 ***-***-7327
 08/10/07 03:55:33 DUM5 ***-***-4320
 08/11/07 07:56:21 DUM5 ***-***-4320

END

MEDICATION PROFILE

DELETE

DISPENSE DRUGS

Scanned by BYRD, REBECCA in facility BYRD on 08/10/2007 05:51

MHS B-1 Attachment B

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

Patient name

X Dionicio Robles TDCJ# X 1443175 Facility: BYRD
PRINT YOUR NAME HERE

1. I, X Dionicio Robles authorize Dr. /Ms./Mr. GOUGLER
PRINT YOUR NAME HERE
and his/her designated assistants to administer (treatment assessment):
EVALUATION AND COUNSELING to me and continue such treatment as
Medically necessary.

2. I understand that this treatment/assessment consists of (full description of
treatment): EVALUATION OF CURRENT MENTAL HEALTH CONDITION,
SYMPTOM ANALYSIS AND OVERALL MENTAL HEALTH
FUNCTIONING.

3. I understand the benefits of treatment/assessment include the relief of mental
health symptoms and problems.

4. I also understand that the treatment/assessment involves certain risks and
complications, the most common of which are (describe risks):
No significant risks.

5. The alternative methods of treatment/assessment have been explained to me:
I understand that they include (describe alternatives):
Treatment of mental health symptoms with the use of psychiatric medication(s).

Limits of confidentiality have been explained to me. No guarantees or assurances
have been given by any one as to the results that may be obtained.

X Dionicio Robles
Printed name of patient

X [Signature] X 8-8-07
Patient signature Date

X Christina L. Gougler, BS, MHL
Name of mental health provider

[Signature] 8-8-07
Provider signature Date

EMERALD CLINICAL PATIENT SUMMARY

BYRD HUNSTVILLE, TX
Monday, August 13, 2007 05:50 AM

Name: ROBLES, DIONICIO

Phone:

MRN: 1443175

DOB: 03/30/1953

Age: 54 Years

Next of Kin:

Living will: No

Language: ENGLISH

Work:

SSN:

Sex: MALE

Race: HISPANIC

Begin/End Range: 08/03/2007 to 08/09/2007

No. of Admissions: 2

First Admission Date: 08/03/2007

Last Admission Date: 08/09/2007

Date of Death:

Other Providers: GOUGLER, CHRISTINA L
UNKNOWN, UNKNOWN

MISSING KEY PATIENT INFORMATION

***** WARNING ***** PATIENT HAS NO SSN.

PAST ADMISSIONS

Admit Date	Disch. Date	Discharge Type	MRN	Facility Name	Facility Location	Admitting Physician
08/09/2007	08/09/07	RELEASED	1443175	BYRD	HUNSTVILLE, TX	CHRISTINA GOUGLER
08/03/2007	08/03/07	CONVERSION DAT	1443175	BYRD	HUNSTVILLE, TX	UNKNOWN UNKNOWN
07/21/2007	08/03/07	OTHER	1443175	JESTER IV	RICHMOND, TX	WILLIAM READING
07/21/2007	07/21/07	CONVERSION DAT	1443175	JESTER IV	RICHMOND, TX	UNKNOWN UNKNOWN
07/21/2007	07/21/07	RELEASED	1443175	GARZA E AND W	BEEVILLE, TX	ANNETTE GOMEZ
07/18/2007	07/18/07	RELEASED	1443175	GARZA E AND W	BEEVILLE, TX	CHRISTOPHER HANSEI
07/18/2007	07/18/07	RELEASED	1443175	GARZA E AND W	BEEVILLE, TX	RUBY HINZ
07/17/2007		CONVERSION DAT	1443175	HOSP.GALVESTON	GALVESTON, TX	UNKNOWN UNKNOWN
07/17/2007		CONVERSION DAT	1443175	CORRECTIONAL MANAGED CARE	GALVESTON, TX	UNKNOWN UNKNOWN
07/17/2007	07/17/07	CONVERSION DAT	1443175	GARZA E AND W	BEEVILLE, TX	UNKNOWN UNKNOWN

ALLERGIES

First Observed

07/18/2007

Allergen

NO KNOWN ALLERGIES

Comment: N/A

Reaction

Severity

N/A

7-30-07

ROBLES, DIONICIO JR

1443175

NAME

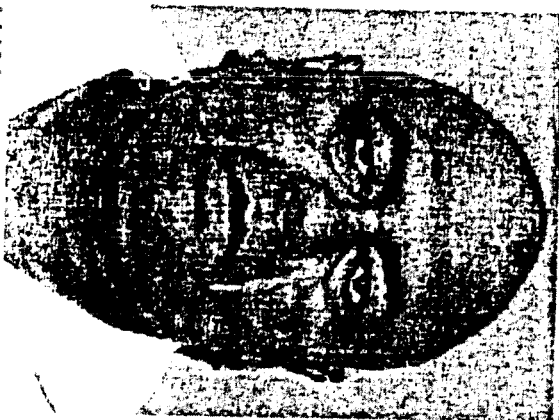
NUMBER

CONDUCT CONTINUED

TRANSFER

DATE

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Institutional Division



1443175



000 7/16/2007

ROBLES JR, DIONICIO

001

SPX:

RIVER:

ADD PORT

ES, DIONICIO JR		1443175		ONLINE**	**	54											
NAME		NUMBER	OFFENSE	SENT	AGE	ED.	A H M D M	EMP. 1	2	3	E.R. 5	CLASS	RELIGION				
CONDUCT:																	
ONLINE SOL MINOR (3) POSSCHILD PORN (7) VICTORIA 3-20 YEARS 7-10 YEARS																	
SUMMARY:																	
COMMITTEE RECOMMENDATIONS:																	
TRANSFERS and ASSIGNMENTS																	
DATE	PLACE	WORK															
1/16/07	NH																
NST		COM. ESCAPES COM. DATA															
asp. Sent.																	
st. Home		Court VICTORIA															
ils																	
city		Sent. Beg. 7/16/07															
L. Pris.		Rec'd															
D. C. J.																	
h. Pris.																	
MAX. EXPIR.		MIN. EXPIR.		E.A. REHAB. RAT.		DATE INT. BY											

APPENDIX 697

McCollum 001926

ROBLES,

TRANSFRI

DATE

7.30.07

54

B2B-08

ALIAS:

HEIGHT:

WEIGHT:

COMPLAINT:

RACE:

SEX:

HAIR:

NATIVITY:

MARKS and SCARS:

ILLNESS, INJURY OR DEATH—NOTIFY: IRMA ROELFS SISTER 1516 LIND PORT
JANICA TX 361.482.8387
CLASS: DR. DATE:

REMARKS:

DETAINEES:

Scanned by BRANNON, TAMMY L in facility GARZA E AND W on 07/18/2007 13:15

JED CARE
INTAKE HISTORY AND HEALTH SCREENING

I. IDENTIFICATION

NAME: Robles, DionicioOCCUPATION: NAEDUCATION: 12thDOB: 5-30-53COUNTY: VictoriaPREVIOUS TDCJ #(s): NA

II. FAMILY HISTORY

1. Blood disease (sickle cell anemia, hemophilia)	YES	NO	18. HIV Infection	YES	NO
2. Cancer	YES	NO	19. Intravenous Drug Abuse	YES	NO
3. Diabetes	YES	NO	20. Kidney Disease	YES	NO
4. Heart Disease	YES	NO	21. Liver Disease	YES	NO
5. High Blood Pressure	YES	NO	22. Mental Illness	YES	NO
6. Tuberculosis	YES	NO	23. Non Intravenous Drug Abuse/Alcoholism	YES	NO
III. PERSONAL HISTORY			24. Peptic Ulcers	YES	NO
11. D.T. Asthma/Emphysema	YES	NO	25. Rheumatoid Arthritis	YES	NO
12. Back Injury	YES	NO	26. Rheumatoid Arthritis	YES	NO
13. Blood Disease (sickle cell anemia, hemophilia)	YES	NO	27. Seasonal Allergies	YES	NO
14. Cancer	YES	NO	28. Sexually Transmitted Diseases	YES	NO
15. Cavities	YES	NO	29. Smoking	YES	NO
16. Depression/Suicide Attempt	YES	NO	30. Tetanus Immunization Date	YES	NO
17. Diabetes	YES	NO	31. Tuberculosis	YES	NO
18. Drug/Food Allergies	YES	NO	32. Unprotected Sex with Multiple Partners	YES	NO
19. Epilepsy/Seizures	YES	NO	33. Other:		
20. Glaucoma/Hearing Aid	YES	NO	IV. OBSTETRIC/GYNECOLOGICAL HX		
21. Gum Disease	YES	NO	1. Date of last menstrual period:		
22. Head Injury	YES	NO	2. Number of pregnancies/live births:		
23. Heart Disease/Angina	YES	NO	3. History of Problem pregnancy:		
24. Hepatitis	YES	NO	4. Date of last pap smear:		
25. High Blood Pressure	YES	NO	5. Date of last mammogram:		
26. HIV+/AIDS	YES	NO	6. History of birth control methods (IUD, pills, etc.)		
Prior HIV Test Date:					
17. Homosexual/Bisexual Activities					

A. If YES to any of the above indicate family member or self, give date and treatment received:

① 2006 Throat Cancer ② 2006 Hx - dep & anxiety

B. History of hospitalization? YES NO

Please list the DATE, HOSPITAL, CONDITION:

2006 - CITIZENS - PSYCHIATRIC (7 mo.)
N/A - throat cancer - radiation - 77 TX's

C. Do you have any current medical, mental health or dental complaints? YES NO

If yes, what:

DEPRESSION + ANXIETY

D. Have you experienced any of these symptoms: cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy?
YES NO IF YES, when?

E. What illegal drugs have you used?

What was the mode(s) of use? (Please circle)

Smoking

Injection

Inhaled

Ingested

What amount and how often did you use drugs and alcohol?

When was the last time you used drugs or alcohol?

Have you ever had withdrawal or seizures when you stopped using drugs or alcohol?

YES

NO

F. Are you presently taking or supposed to be taking any prescribed medications?

If YES, what:

CYMOMIN, AMILIN

YES NO

Reason for taking medications:

DEPRESSION

see county sheet

G. Observations:

Condition of skin:

Tremor

YES

NO

Cuts

YES

NO

Sores

YES

NO

Body & Movement:

Deformities

YES

NO

Sweating

YES

NO

Other:

Bruises

YES

NO

Other:

Impaired Motor Activity

YES

NO

HSM-13 (6/08)

states has sweating problem

Scanned by BRANNON, TAMMY L in facility GARZA E AND W on 07/18/2007 13:15

H. BEHAVIOR AND MENTAL STATUS

Hygiene & Appearance: ☒ Clean, neat ☐ Dirty, sloppy ☐ Other: _____
 Orientation (ask questions and document responses): 7-16
 What is today's date? 7-16
 What time is it? 1:30
 What place is this? Garza E and W
 Speech: ☒ Normal ☐ Loud ☐ Soft ☐ Mumbling ☐ Other: _____
 Attitude: ☒ Appropriate ☐ Laughing ☐ Crying ☐ Cursing ☐ Quiet ☐ Other: _____

I. THOUGHT CONTENT (Please circle YES or NO)

Are you having current thoughts about suicide or self-injury? YES NO
 Do you see or hear things that others do not see or hear? YES NO
 Do you have any special powers abilities? YES NO
 Do you receive personal messages from the TV or radio? YES NO
 Do you have any phobias or excessive fears? YES NO

J. DISPOSITION

Routine referral to: ☒ Medical ☒ Mental Health ☒ Dental ☐ CID
 Immediate referral to: ☐ Medical ☐ Mental Health ☐ Dental ☐ CID
 Release to general population: ☒ YES ☐ NO Other: _____

Offender Signature: [Signature]

Date: 7-16-07

Reviewer Signature: [Signature]

Date: 7-16-07



Scanned by TAMEZ, MELISSA M CCA in facility GARZA E AND W on 07/18/2007 14:12

2

Authorization to Release Protected Health Information (PHI)

To: Health Care Providers under contract to TDCJ

Patient Name: Robles, Dionicio TDCJ #: 1443175
 Date of Birth: 03/30/1953 Social Security Number (optional) 465-847354

I am currently incarcerated and receiving medical treatment within the Texas Department of Criminal Justice (TDCJ). This Authorization is to provide my medical information to the health care providers under contract to TDCJ for continuing my medical care and treatment.

I authorize release of medical records FROM: CITIZENS HOSPITAL - VICTORIA
2701 Hospital Drive
Victoria, TX 77901

Please send requested medical records TO: GARZA WEST UNIT
4250 HWY 202
BEEVILLE, TX 78102-8982

I specifically authorize health care providers under contract to TDCJ to obtain the following PHI: (Provide description of the particular medical record information you are requesting be released to health care providers under contract to TDCJ such as date or time period of the requested information)

Complete Records	<input checked="" type="checkbox"/>	Hospital Records	<input checked="" type="checkbox"/>
Clinic Records	<input checked="" type="checkbox"/>	Radiology Reports	<input checked="" type="checkbox"/>
Lab Reports	<input checked="" type="checkbox"/>	Operative Reports	<input checked="" type="checkbox"/>
Shot Records	<input checked="" type="checkbox"/>	Discharge Summary	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>		

By signing this Authorization Form, I understand that I am giving my authorization for health care providers under contract to TDCJ to receive all protected health information (PHI) relating to my diagnosis, testing or treatment. I understand that my expressed consent is required to release any health care information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. You are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment. I may revoke this authorization at any time. I understand that such a revocation will not have any effect on any information already used or disclosed by health care providers under contract to TDCJ before the health care providers under contract to TDCJ received my written notice of revocation. I understand that the information disclosed pursuant to this authorization may be re-disclosed by health care providers under contract to TDCJ, but that any re-disclosure would be protected under federal and Texas privacy laws. This Authorization is voluntary and I may refuse to sign this Authorization Form. I understand that I am not required to sign this Authorization Form in exchange for the receipt of treatment from health care providers under contract to TDCJ. This authorization will expire on the 180th day of the signing.

Dionicio Robles 7-18-07
 Signature of Patient or Authorized Personal Representative Date

Ms. Tamez, CCA
 Relationship to Patient

1 of 1

X

88502203195035118553225100000 #

Correctional Managed Care
REPORT OF PHYSICAL EXAM

Patient Name: ROBLES, DIONICIO **TDCJ#:** 1443175 **Date:** 07/18/2007 08:05 **Facility:** GARZA E AND W

Age: 54 Years **DOB:** 03/30/1953 **Race:** H **Sex:** Male

Most recent vitals from 07/18/2007: BP: 159 / 91 (Sitting) ; Wt: 230 Lbs.; Height: 71 In.; Pulse: 77 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies:

Patient Language: **Name of interpreter, if required:**

Chief Complaint and Notes: NO COMPLAINTS

Significant Past Medical History:

VISUAL ACUITY		AUDITORY ACUITY		INTERPRETER Y/N?	Interpreter Name
Rt. 20/ 20	Corr. To 20/	Rt. Wv / 15 Sv	15		
Lt. 20/ 20	Corr. To 20/	Lt. Wv / 15 Sv	15		
REMARKS (Vision & Hearing)					

CLINICAL EVALUATION	NL	AbNL	COMMENTS
Head And Neck	x		Eomi, Perria, Fundus Without Pathology. Throat Clear, Tms Without Hyperemia
Eyes	x		
Ent	x		
Dental	x		
Chest, Breast	x		Clear Without Wheezes Or Crackles
Cardiovascular	x		Regular Rate And Rhythm No Murmur, S3 Or S4
Hemopoietic/ Lymphatic	x		
Abdomen	X		Soft Non-Tender Without Mass, Rebound, Rigidity, Or Guarding
Gastrointestinal	x		
Endocrine/ Metabolic	x		
Nutritional	x		
Upper Extremities	X		FULL ROM
Spine	X		FULL ROM
Lower Extremities	X		FULL ROM
Skin	x		Normal
Rectal, Gu	x		Guiac: negative
Neuro	X		Cn 2-12 Intact S/S/M Without Focal Deficit
Ob-Gyn (Pelvic)			NA

REMARKS: cancer of throat (voice box)							
	P	U	L	H	E	S	
	Designators	3	1	1	1	2	
	Codes	E	A	A	A	b	
	Modifiers	P	P	P	P	P	

CARS:

Diagnoses: hx throat ca with radiation completed 2006, age, decreased vision, obesity

Restrictions: none

Orders: bp checks 2 x per week x 2 weeks

please have pt sign for medical records Citizens Hosp, Victoria TX 2000-present throat cancer dx , treatment, and follow up schedule psc follow up laryngeal cancer and referral (when fw records are here) 30 days

Procedures Ordered:

INTAKE PHYSICAL: physical examination

**Correctional Managed Care
REPORT OF PHYSICAL EXAM**

Patient Name: ROBLES, DIONICIO **TDCJ#:** 1443175 **Date:** 07/18/2007 08:05 **Facility:** GARZA E AND W

Refusal Signed:	Yes		No	x
------------------------	------------	--	-----------	----------

Electronically Signed by HINZ, RUBY M C.N.P. on 07/18/2007.

Electronically Signed by PEREZ, EVANGELINA M PCA on 07/18/2007.

##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: ROBLES, DIONICIO **TDCJ#:** 1443175 **Date:** 07/29/2007 08:34 **Facility:** JESTER IV

Age: 54 Years **Race:** H **Sex:** Male

Most recent vitals from 07/21/2007: BP: 177 / 82 (Sitting) ; Wt: 220 Lbs.; Height: 71 In.; Pulse: 108 (Sitting) ; Resp: 16 / min; Temp: 99.1 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: Name of interpreter, if required:

Today's Problem:CELLSIDE ROUND,

S: SEEN THEPT IN CELL SIDE FOR PROGRESS CHECK . PT DENIES ANY S/H IDEATION AT THIS TIME . PT TEACHINGDONE FOR SAFTY,& MEDICATION .

O: ALERT&ORIENTED X3

A: CALM.

Plan is as follows: WILL FOLLO UP PRN.

Procedures Ordered:

NURSING LEVEL1 COMPLETE VISIT: mood disorder nos

Electronically Signed by ABRAHAM, ALLEYAMMA R.N. on 07/29/2007.
##And No Others##



Offender Dioncicio Robles, TDCJ-ID # 1443175



Offender Dionicio Robles, TDCJ-ID # 1443125

IRI
Death

Offender Death
- ACCIDENTAL

I-09697-08-07

EMERGENCY ACTION CENTER

RECEIVED 0744 : E 8/13/07

UNIT DU' REC. BY TA/TA

REFERENCE INCIDENT #

*** REQUESTOR: HQEAC01 - CENTER, EMERGENCY ACT EMERGENCY ACTION CENTER ***

*** SYSTEM IN BASKET PRINT ***

MESSAGE ID: 345242 DATE: 08/13/07 TIME: 09:42 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
GENERAL TERMINAL
EMERGENCY ACTION CENTER

FROM: DULIS03 - BYRD_UNIT_LIEUTENANTS/SGTS
3RD SHIFT LIEUTENANTS/SGTS
BYRD UNIT

Robles, Dionicio
H-M-54-MH

SUBJECT: I-09697-08-07

*** Sent by Alternate User "H0U7690" for "DULIS03" ***

TO: EMERGENCY ACTION CENTER
FROM: BYRD UNIT
SUBJECT: I-09697-08-07
AUTHOR: LT. M. DUKE

OFFENDER INFO: ROBLES JR., DIONICO (DCJ-ID #1443175 A 54 YEAR OLD
HISPANIC MALE, SERVING 3-20 YEARS FOR ONLINE SOL.
OF A MINOR, AND 2-10 YEARS FOR POSS OF CHILD PORN
FROM VICTORIA.

SUMMARY: AT APPROXIMATELY 0500 HOURS OFFENDER ROBLES JR., DIONICO
#1443175 WAS FOUND UNRESPONSIVE IN HIS ASSIGNED CELL OF A-1-10 CELL.
THE OFFENDER WAS FOUND BY OFFICER JAMES BUCHANAN CO 4. OFFICER
BUCHANAN THEN CALLED FOR ASSISTANCE. LT. M. DUKE, AND OFFICER K.
HUGHES CO4 RESPONDED ALONG WITH RN. RINARD FROM MEDICAL. THE OFFENDER
WAS LYING ON HIS SIDE, WITH HIS FACE DOWN IN THE MATTRESS. RN. RINARD
ORDERED THE OFFENDER REMOVED FROM THE TOP BUNK AND PLACED ONTO THE
GURNEY. LT. DUKE ALONG WITH OFFICERS HUGHES AND BUCHANAN THEN PILED
THE OFFENDER UP FROM THE TOP BUNK AND CARRIED HIM TO GURNEY. AFTER THE

ARRIVAL AT THE UNIT INFIRMARY MS. KINARD THEN UTILIZED THE AED ON THE OFFENDER. WALKER COUNTY EMS THEN ARRIVED AT THE UNIT INFIRMARY. EMT-P G. TURNER, AND EMT-P R. LENORMAN. EMT-P TURNER CALLED HUNTSVILLE MEMORIAL HOSPITAL EMERGENCY ROOM, AND SPOKE TO DR. KALIL, WHO PRONOUNCED THE OFFENDER DEAD AT 0525 HOURS. WARDEN D. KUKUA WAS NOTIFIED AT 0505. DIG BRENT DORMAN ARRIVED AT 0600 HOURS, CHAPLIN SILVEY WAS NOTIFIED AT 0545 HOURS. JUSTICE OF THE PEACE R. DUNCAN WAS NOTIFIED AT AT 0550 HOURS. REGIONAL DIRECTOR MR. TREON WAS NOTIFIED AT 0645 HOURS HUNTSVILLE FUNERAL HOME WAS NOTIFIED AT 0700 HOURS. THEREGA ALFORD OF EAC WAS NOTIFIED AT 0745. NEXT OF KIN IRMA ROBLES WAS NOTIFIED BY CHAPLIN SILVEY AT 0830. HUNTSVILLE FUNERAL HOME DEPARTED THE UNIT WITH THE BODY AT 0817. DIG INVESTIGATION IS ON-GOING AT THIS TIME.

L.T. M. DUKE
3RD SHIFT BYRD UNIT.

Sent to: DOEAC

<list>

<to>

IR1
Death

I-09697-08-07

** REQUESTOR: HQEAC01 - CENTER, EMERGENCY ACT EMERGENCY ACTION CENTER **

** S Y S T E M I N B A S K E T P R I N T **

MESSAGE ID: 045855 DATE: 08/13/07 TIME: 10:19 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
GENERAL TERMINAL
EMERGENCY ACTION CENTER

FROM: WS121S3 - SILVEY, WILLIE
CHAPLAIN
GOREE UNIT

SUBJECT: DEATH NOTIFICATION

*****DEATH NOTIFICATION*****

INMATE: ROBLES, DIDNIDIO JR. TDCJ# 1443175
DATE OF DEATH: 08/13/2007
CUSTODY: STATUS: RACE: HISPANISH DOB: 03/30/53 AGE: 54
CAUSE OF DEATH: TIME: 0525 DOCTOR: RALIL
PLACE OF DEATH: BYRD UNIT
DUTY WARDEN: KUKUA TIME: 0505
JUSTICE OF THE PEACE: RICHARD DUNCAN TIME: 0630
TDCJ-ID-1AD: DIANNA GREEN TIME: 0630
HUNTSVILLE FUNERAL HOME: TIME: 0815
CHAPLAIN: WILLIE SILVEY TIME: 0630
EAC: TIME: 0745
APPROVAL OF AUTOPSY BY M.O.K. () YES () NO () UNABLE TO CONTACT
M.O.K. TIME HRS PHONE
ADDRESS: FAMILY WILL (X) WILL NOT () CLAIM BODY
ADDRESS:
LOCATION OF BODY: HUNTSVILLE FUNERAL HOME
LOCATION OF INMATE PROPERTY: N/A

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

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CIVIL NO. 4:14-CV-3253


Exhibit 21

AFFIDAVIT OF ROBERT LEWIS WILLIAMS, MD

"My name is Robert Lewis Williams, and I am an employee of the TDCJ, a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the following is true and correct. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

"I am the custodian of the worksheets for the Joint Morbidity and Mortality (M&M) Committee. Attached is a true copy of the Mortality Committee Worksheet for Offender James Shriver, which is maintained by the TDCJ in the regular course of its business activity. The entries of such worksheets were made as a regularly conducted activity and a regular practice of the Joint Morbidity and Mortality Committee."

Executed in Walker, State of Texas, on the 7th day of April, 2014.


Robert Lewis Williams, MD
Deputy Director
Health Services Division
Texas Department of Criminal Justice

04/04/2014 13:37

9364391350

ARCHIVES

PAGE 09/14

TDCJ MORTALITY COMMITTEE WORKSHEET

Offender Name: Shriver, James		TDCJ#: 390315	Date of Incarceration: 9-6-2007	
Date of Birth: 1-28-1960		Date of Death: 8-8-2007		Time of Death: 0512hrs
Age: 47	Race: W	Sex: M	Autopsy Authorized: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Unit of Assignment: Byrd		Place of Death: Byrd Unit		
Current Diagnoses: HTN, Asthma, HCV, Mental illness				
Current Medications: HCTZ 50mg/day; ASA 325mg/day; Dicyclomine 20mg bid; Benztropine MES 1mg/day and hs; Haloperidol 5mg bid; Ziprasidone 80mg bid; Fluoxetine 20mg/day;				
Other Relevant Medical History:				
Summary Of Events Leading Up To Death: Discharged from IP psych at JM 7-26-07 as pt requested discharge. 7-31-07 at RB enroute when placed in infirmary for hearing voices and hitting head on wall. Four small abrasions to head. 8-1-07 taken to Skyview for crisis management. 8-7-07 discharged Skyview to DU, evaluated by ^{hospital nurse} psych upon arrival at DU.				
Summary of Events The Day of Death: 8-8-07. found in cell at approximately 0500hr unresponsive, no vital signs. <i>CPA started. Transported to medical. GMS arrived - placed out to locusts. - ^{physician} physician saw</i>				
Autopsy Findings (If Authorized): I. Body as a whole: History of psychiatric illness and sudden, unexpected death. A. Skin, anterior forearms and lower legs; multiple well-healed transverse scars. B. Heart: cardiomegaly (410 grams), patent foramen ovale. C. Lungs: congestion (combined weight 1320g), interstitial fibrosis, mild. II. Other findings: A. Kidney, right, duplicate renal arteries. prominent fetal lobulations and cortical scars. B. urinary bladder: mild muscular hypertrophy				
Was offender seen by medical staff, preceding his/her death?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes state the time period when he/she was last seen:			1 Day <input checked="" type="checkbox"/>	3 Days <input type="checkbox"/> 1 Wk <input type="checkbox"/>
What level of Health Provider evaluated the patient preceding death?				
Physician MD <input type="checkbox"/> DO <input type="checkbox"/>	PA <input type="checkbox"/>	APN <input type="checkbox"/>	RN <input type="checkbox"/>	LVN <input type="checkbox"/>
Other <input checked="" type="checkbox"/>		(If other please describe:) Mental health		
Did offender die natural causes (excludes: Homicide/suicide/accident)?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If the Autopsy was performed, then state the documented Cause of Death: In summary, prior abnormal EKG and the signs of ischemia in the myocardium, with small vessel abnormalities, suggest arrhythmia as a cause of death.				
The medication history and otherwise vague anatomic findings point to hyperthermia as a contributing factor in this patient's death. It is our opinion that the cause of death is cardiac arrhythmia, with likely temperature dysregulation, and the manner of death is natural.				

Created on 12/6/2007 3:36:00 PM

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04/04/2014 13:37

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ARCHIVES

PAGE 10/14

TDCJ MORTALITY COMMITTEE WORKSHEET (Continued)

Offender Name: Shriver, James	TDCJ#: 390315	Date of Death: 8-8-2007
REVIEW CAUSE OF DEATH ENTER THE DISEASE, INJURY OR CONDITION THAT CAUSED THE IMMEDIATE DEATH IN THE IMMEDIATE CAUSE OF DEATH SECTION OF THE TDCJ MORTALITY REPORT. IF THE DEATH WAS CAUSED BY A SINGLE CAUSE OF DEATH, ENTER THAT CAUSE OF DEATH IN THE IMMEDIATE CAUSE OF DEATH SECTION.		
Immediate Cause - (final disease or condition resulting in death)		
A. Cardiac arrhythmia with likely temperature dysregulation Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in Death) LAST		
B. Hepatitis C seropositive		
C.		
Committee Consensus Cause of Death Same		

1. Does the Reviewer recommend this case be referred to Peer Review?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. If yes check one of the following:	Physician <input type="checkbox"/>	Dental <input type="checkbox"/>	Nurse (RN/LVN) <input type="checkbox"/>	
Allied Mental Health Professionals <input type="checkbox"/>	Other <input type="checkbox"/>	If Other Describe:		
3. Does the Reviewer recommend this case be referred to Utilization Review for a Morbidity Case Management Review?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does the Reviewer recommend this case be referred to Correctional Managed Health Care for review of systemic issues that affected health care?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Does the Reviewer recommend this case be referred for a review of the security or facility issues that affected health care?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Was this patient suitable to be considered for Medically Recommended Intensive Supervision (MRIS)?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comment: (reason for referral)				

Reviewer's Name: Michael W. Jones 

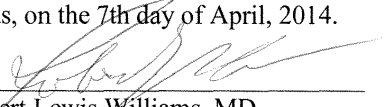
Date: 12-10-07

AFFIDAVIT OF ROBERT LEWIS WILLIAMS, MD

"My name is Robert Lewis Williams, and I am an employee of the TDCJ, a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the following is true and correct. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

"I am the custodian of the worksheets for the Joint Morbidity and Mortality (M&M) Committee. Attached is a true copy of the Mortality Committee Worksheet for Offender Dionicia Robles, which is maintained by the TDCJ in the regular course of its business activity. The entries of such worksheets were made as a regularly conducted activity and a regular practice of the Joint Morbidity and Mortality Committee."

Executed in Walker, State of Texas, on the 7th day of April, 2014.



Robert Lewis Williams, MD
Deputy Director
Health Services Division
Texas Department of Criminal Justice

04/04/2014 13:37 9364391350

ARCHIVES

PAGE 11/14

TDCJ MORTALITY COMMITTEE WORKSHEET

Offender Name: Robles, Dionicio		TDCJ#: 1443175		Date of Incarceration: 7/16/07	
Date of Birth: 3/30/53		Date of Death: 8/13/07		Time of Death: 0500	
Age: 54	Race: Hispanic	Sex: Male	Autopsy Authorized: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Unit of Assignment: Byrd Unit		Place of Death: Herman Memorial Hospital ER			
Current Diagnoses: Major depression, History of throat cancer with radiation completed in 2006.					
Current Medications: Cymbalta, Abilify, Chlordiazepoxide					
Other Relevant Medical History: Patient claims to have had throat cancer. Free world doctors were requested and he also had a history of mental illness.					
Summary Of Events Leading Up To Death: Patient was found in his cell early in the morning of 8/13/07. CPR was started and the patient was transferred to Herman Memorial Hospital ER where he was pronounced dead.					
Summary of Events The Day of Death: Heat related death due to environmental factors and phenothiazines..					
Autopsy Findings (If Authorized):					
QUESTIONS ABOUT DEATH					
Was offender seen by medical staff, preceding his/her death?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes state the time period when he/she was last seen:				1 Day <input checked="" type="checkbox"/>	3 Days <input type="checkbox"/> 1 Wk <input type="checkbox"/>
What level of Health Provider evaluated the patient preceding death?					
Physician	PA	APN	RN	LVN	Other (If other please describe:)
MD <input checked="" type="checkbox"/> DO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did offender die natural causes (excludes: Homicide/suicide/accident)?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If the Autopsy was performed, then state the documented Cause of Death:					

Created on 4/8/2008 12:24:00 PM

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**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

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CIVIL NO. 4:14-CV-3253

Exhibit 22

BUSINESS RECORDS AFFIDAVIT

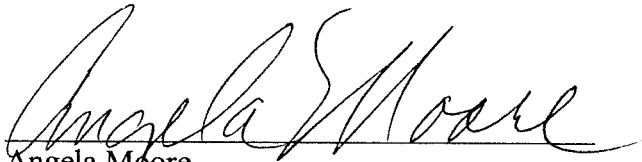
STATE OF TEXAS §
 §
TRAVIS COUNTY §

BEFORE ME, the undersigned authority, personally appeared Angela Moore, who, being by me duly sworn, deposed as follows:

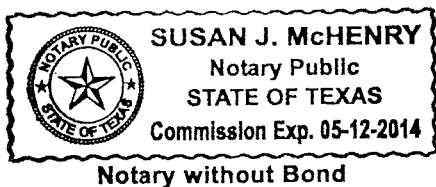
“My name is Angela Moore. I am of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated.

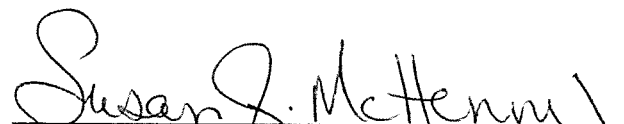
“I am a custodian of the records for the Executive Director, Texas Department of Criminal Justice (TDCJ). The attached record is kept in the regular course of business, and it was the regular course of business of this office for an employee or representative of our department with knowledge of the act, event, condition, opinion or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The record attached hereto is the original or an exact duplicate of the original.

“Correspondence with Texas legislators about heat, high temperatures, heat indexes, or air conditioning in TDCJ facilities from January 1, 2009 to present”


Angela Moore
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED BEFORE ME, on the 20th day of March 2013.




NOTARY PUBLIC in and for the State of Texas

Susan J. McHenry
Printed name of Notary

5-12-2014
Commission Expiration Date



6815 ANTOINE, SUITE B
HOUSTON, TEXAS 77061
713-663-6363

State of Texas
House of Representatives
SYLVESTER TURNER
STATE REPRESENTATIVE

P.O. BOX 2810
AUSTIN, TEXAS 78768-2810
512-463-0854

August 12, 2011

Mr. Brad Livingston
Texas Department of Criminal Justice
209 West 14th
Austin, Texas 78701

Dear Mr. Livingston,

I have been receiving various reports in recent weeks regarding the extreme heat that inmates and guards are enduring this summer. In some instances I have received reports that temperatures inside cells have reached as high as 120 degrees during the day and do not fall below 100 degrees at night.

I am fully aware of the lack of air conditioning in most of the units but I believe that any and all preventative measures must be taken and exhausted to ensure that inmates and guards inside TDCJ do not suffer.

I have reviewed TDCJ's policy regarding heat and am concerned that the measures provided do not adequately address the unprecedented heat being experienced. It is my understanding that there are a number of fans that could be recycled and given to inmates that are indigent at no cost to TDCJ.

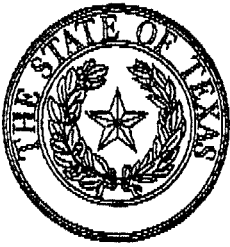
If your office could please provide me with an action plan to ensure steps are being taken to provide some relief, I would be most appreciative.

Most Sincerely,

A handwritten signature in cursive script that reads "Sylvester Turner".

Sylvester Turner
State Representative
District 139

DISTRICT 139
HARRIS COUNTY
APPROPRIATIONS, VICE CHAIR • STATE AFFAIRS • LEGISLATIVE BUDGET BOARD



Texas Department of Criminal Justice

Brad Livingston
Executive Director

August 16, 2011

The Honorable Sylvester Turner
Texas State Representative
Room: CAP 1W.06, Capitol
P. O. Box 2910
Austin, Texas 78768

Dear Representative Turner:

The Texas Department of Criminal Justice (TDCJ) appreciates your concern regarding the extreme heat condition currently being experienced by the TDCJ staff and offender population. The TDCJ is equally concerned about the importance of the safety and welfare of the staff and offender population and has implemented various preventative measures and protocols to mitigate the effects of adverse weather conditions.

System-wide protocols are, and will continue to remain in place in order to address the effects of the extreme temperatures and heat. These protocols include, but are not limited to: increase the awareness of staff and offenders on the signs and treatment for heat related illnesses; providing additional water and ice in the work and housing areas, including more frequent water breaks; restricting outside activity (work hours); allowing additional showers; allowing offenders to wear shorts in the dayrooms and recreational areas; and by appropriately assigning and rotating the offenders and staff in housing and work areas. In addition, to continue to mitigate the effects of the extreme heat on offenders and staff the Correctional Institutions Division is working closely with the Facilities Division to maximize all ventilation systems.

Through consultation with the offender medical and transportation staff, the TDCJ has incorporated preventative measures by developing profiles for offenders who may be of a higher risk of being susceptible to heat. Through this process, identified offenders are scheduled to be transported during the coolest hours of the day. This information is also utilized by correctional staff working in the offender housing areas to conduct additional wellness checks on these offenders.

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

P.O. Box 99
Huntsville, Texas 77342-0099
(936) 437-2101

APPENDIX 720

McCollum 001773

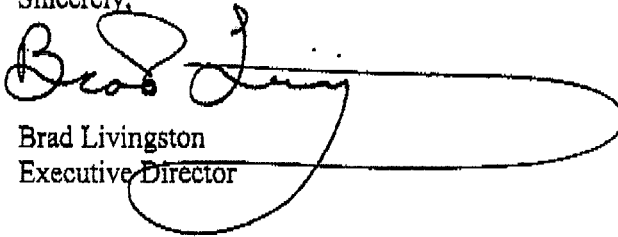
Texas Department of Criminal Justice
Page 2 of 2

Note, where there are fans available for recycling to the offender population, the agency is actively providing fans to our indigent offenders through the loaner fan program.

The TDCJ understands its responsibility and is committed to ensuring the safety and welfare of our staff and offenders. The agency has taken a number of actions to mitigate the impact of extreme heat and will continue to examine any means that may provide further assistance.

Please do not hesitate to contact me, should you have further questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Livingston", is written over a horizontal line. The signature is stylized with a large, sweeping loop at the end.

Brad Livingston
Executive Director

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

P.O. Box 99
Huntsville, Texas 77342-0099
(936) 437-2101

APPENDIX 721

McCollum 001774

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

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CIVIL NO. 4:14-CV-3253

Exhibit 23

AFFIDAVIT

THE STATE OF TEXAS §
 §
COUNTY OF DALLAS §

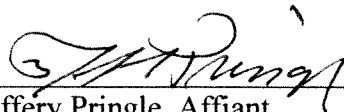
BEFORE ME, the undersigned authority, personally appeared Jeffery Pringle, known to me to be a credible person over the age of 18 years, who, being duly sworn by me, did depose and say that the following is true and correct:

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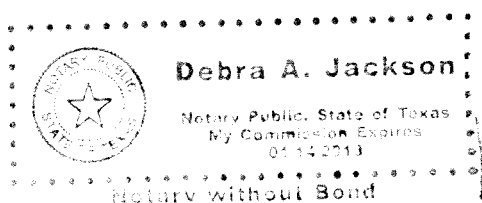
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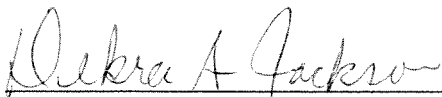
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Jeffery Pringle, Affiant

SWORN TO AND SUBSCRIBED BEFORE ME on December 13, 2012, by the said, Jeff Pringle to certify which, witness my hand and seal of office.




Notary Public in and for the State of Texas



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Extreme Heat Precautions

OPERATIONAL PROCEDURE/HUTCHINS UNIT June 1, 2011

SUBJECT: EXTREME HEAT PRECAUTIONS

AUTHORITY: Administrative Directive 10.64, Health Services Policy B-15.5, ACA Standard #4318

PURPOSE: To establish procedures to be followed by the staff of the Hutchins Unit during extreme heat situations

INTRODUCTION: In an effort to reduce heat related injuries and illnesses the Hutchins Unit will follow the aforementioned procedures for the staff and offenders assigned to the Hutchins Unit. This Standard Operating Procedure will be in addition to and in accordance with A.D. 10.64 "Temperature Extremes in the Workplace" and Health Services policy B-15.5 "Heat Stress".

PROCEDURES:

I. Hutchins Unit Staff

1. All Staff members newly assigned to the Hutchins Unit will receive annual training for Heat Related illnesses as required by TDCJ.
2. The Unit Risk Management Coordinator will issue each employee who is newly assigned to the Hutchins Unit a "Recognition of Heat Illness card". The card will be carried on the employee's person while they are on duty. Staff members will read the card and familiarize themselves with the signs of Heat Exhaustion, Heat Collapse, and Heat Stroke.
3. Staff members assigned to outside duty positions (i.e. gates, outside recreation yards, utility officers, escort officers) will be rotated out of the heat at least every two (2) hours and allowed to work an inside position.
 - A. The time limits may be changed by the Unit Risk Management Coordinator or a security supervisor as deemed appropriate. Staff should monitor each other for signs of heat distress.
 - B. Staff are encouraged to wear agency approved hats for coverage when outside in the summer months.
4. Cool drinking water will be provided at regular intervals to the staff assigned to outside positions who cannot leave their immediate area.
 - A. All water coolers will be picked up and cleaned and inspected with a fresh supply of water and ice on daily. Staff members will immediately contact their supervisor if the exchange is not conducted.
 - B. Officers will have a fresh supply of ice once each shift to place cold drinks only in daily, no food items of any kind will be placed in the coolers. Staff members will immediately contact their supervisor if the exchange is not conducted.
5. Frequent water breaks will be provided to staff members working Field Squads, Yard Squads, Community Service Squads and Maintenance Squads.
 - A. Staff members will immediately contact their supervisor if they experience symptoms of Heat related illness/injury or if they witness another staff member witness these symptoms.
 - B. Upon notification by a staff member, supervisors are to take action as per A.D. 10-64 and B-15.5 in resolving these types of issues.

II. Hutchins Unit Offenders

1. Offenders working outside in extreme heat will be provided frequent water breaks A.

Offenders will be allowed to take breaks in shaded areas when possible

- B. Offenders with work restrictions of 20 (no temperature extremes) and 21 (no humidity extremes) shall be removed from rosters where these conditions exist.
2. Offenders will be allowed to wear commissary purchased gym shorts and commissary purchased T-shirts in the housing areas and on the recreation yards.
3. Offenders will have free and frequent access to the dorm showers while the dayrooms are open, dorm lights will remain off during daylight hours, unless there is an incident or emergency situation.
4. Air handlers are in operation to ensure good circulation of fresh air circulation.
5. At the Warden's Discretion, the purge fans may be turned on to allow for more fresh air circulation.
Note: To turn a purge fan on or off access the electrical room for the building. To engage the fan turn the switch to manual. Turn the switch to the off position to stop.
6. Offenders will be provided cool drinking water during meal times.
 - A. Additional cool drinking water may be delivered to the housing areas during the day. The coolers will be placed inside the living areas and also will be picked up and cleaned with an inspection done by the officer on duty and the food service department. All coolers will be picked up and also filled with a fresh supply of water on second shift daily.
 - B. Water fountains are in place on the recreation yards for cool water during outside recreation periods.

III. Unit Transport Procedures during extreme heat


1. Certain types of offenders transported off the unit will depart during the cooler parts of the day when possible. These include but are not limited to:
 - A. Offenders taking psychotropic medications
 - B. Offenders with health issues deemed by the Unit Medical Department to be too severe to travel with in extreme heat situations.

IV. Back Gate Procedures

1. The building Major shall be responsible for monitoring all Back Gate waiting times for vehicles entering and exiting the unit.
2. Vehicles entering the unit will be immediately sent to their destination to be unloaded.
3. When a vehicle is not unloaded within fifteen (15) minutes a fan will be placed in the front entrance and if possible the rear of the vehicle to allow for fresh air circulation.

V. Heat Advisories

1. Updates on extreme temperatures and heat conditions such as heat exhaustion, heat collapse or heat stroke will be announced via radio on an hourly schedule.

Senior Warden 

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

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CIVIL NO. 4:14-CV-3253

Exhibit 24

AFFIDAVIT

THE STATE OF TEXAS §
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COUNTY OF DALLAS §


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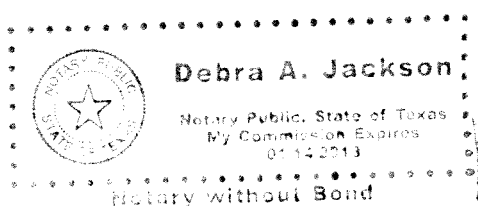
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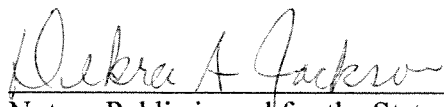
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Notary Public in and for the State of Texas

Texas Department of Criminal Justice

Inter - Office Communications

To: CAPTAIN SESSIONS

Date: 1-Aug-11

From: M. McGuire, FSM-III

Subject: ICE PROTOCOL

The following is for your information concerning the ice for offender water coolers:

Each day water is placed in thirty- five gallon barrels and refrigerated for at least twenty four hours at forty degrees, twice daily the five gallon igloos and are filled with water and ice and are provided to the housing areas.

On 7/28/11 the food service department began freezing #10 cans of water to alleviate the workload on the ice machines using the following method:

Twice a day thirty, one hundred fize (oz) cans are filled with water. Next they are placed in freezer at 20 degrees Fahrenheit for three days.

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

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CIVIL NO. 4:14-CV-3253

Exhibit 25

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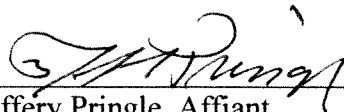
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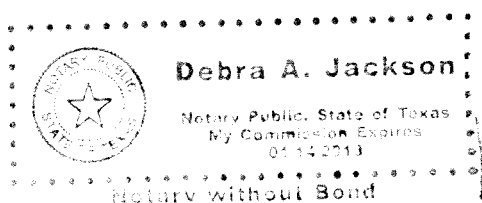
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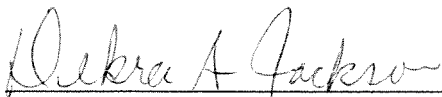
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Notary Public in and for the State of Texas

Texas Department of Criminal Justice

INSTITUTIONAL DIVISION

Inter-Office Communications

To Warden Pringle

Date December 11, 2012

From P Escobedo/Chief of Classification  Subject McCollum, Larry #1721640

Be advised offender McCollum, Larry #1721640 arrived at Hutchins State Jail on July 18, 2011. When offenders arrive from the county jails they are housed in the next available bunk in our transient housing for processing. The offender was placed in C4-1 housing, which is a lower bunk. Offender McCollum was then moved to C6-34 bunk, which is a top bunk on July 18, 2011. Also on July 18, 2011 offender McCollum was moved to C7-46, a top bunk, where he remained for the rest of his stay. The offender only maintains a bottom bunk if the medical personnel checking in the incoming chain notifies count room staff the offender will require a bottom bunk while in processing. Mrs. P. Lopez, Admin Tech II Count Room, made the moves with the authorization of P. Meshack, Chief of Unit Classification at the time.

Thank you,

P. Escobedo

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
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v.

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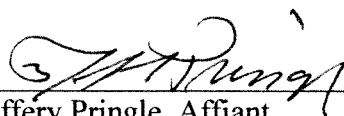
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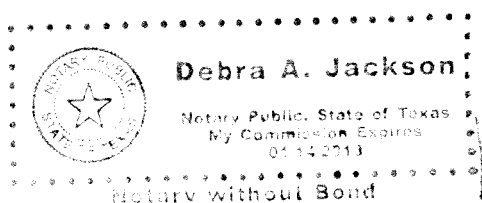
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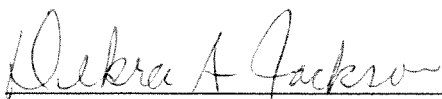
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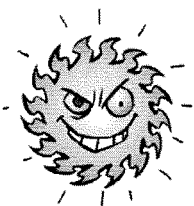


TDCJ Risk Management's *Training Circular*

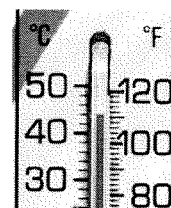
Volume 12 Issue 5

Risk Management Issues

May 2012



MAY Hot Weather



Summer time in Texas is assuring adequate salt intake. From the dry desert heat of West Texas, to the muggy humid East Texas, one thing is for sure, it's **HOT!** Extreme heat in the workplace can pose serious health and safety issues.

Proper treatment of heat stress should begin at the worksite, but severe heat stress is a medical emergency which must be treated in a medical facility.

HEAT STRESS FACTORS

For the human body to maintain a constant internal temperature, the body must rid itself of excess heat. This is achieved primarily through varying the rate and amount of blood circulation to the outer layers of the skin and releasing of fluid onto the skin by the sweat glands.

The evaporation of sweat cools the skin, releasing large quantities of heat from the body. As area temperatures approach normal skin temperature, cooling of the body



EXTREME HEAT

Workers can suffer heat-related injuries, illnesses, and even death when the body's temperature control system is overloaded. Normally, the body cools itself by sweating, but under some conditions just sweating is not enough.

When a person's body temperature rises rapidly their vital organs are threatened. In a typical year about 175 Americans succumb to heat. Heat kills more people each year in the United States than tornadoes, floods, hurricanes, or lightning.

Every reasonable effort should be made in the interest of preventing heat related injuries in the workplace. Problems of heat stress are more common than those prevented by very cold environments.

Heat stress is best prevented by acclimatizing staff and offenders to working under hot and humid climate conditions, assuring adequate fluid intake and, to a lesser extent,



becomes more difficult.

If air temperature is as warm or warmer than the skin, blood brought to the body surface cannot lose its heat, and sweating becomes the primary means of maintaining a constant body temperature.

Sweating does not cool the body unless the moisture is removed from the skin by evaporation. Under conditions of high humidity, the evaporation of sweat from the skin is decreased and the body's efforts to maintain acceptable body temperature may be significantly impaired

HEAT STRESS SAFETY HAZARDS

The frequency of accidents in general appears to be higher in hot environments than in more moderate temperatures. Heat tends to promote accidents that occur because of sweaty palms, dizziness, or the fogging of safety glasses. Employees can get burned from accidental contact with hot materials such as steam or metal surfaces.

Mental confusion, tiredness, and irritability may occur when an employee becomes overheated. The effect of these conditions can result in poor

judgment and unsafe practices.

TYPES OF HEAT-RELATED ILLNESSES

Heat Cramps: usually develop following strenuous exercise, in muscles that have been subjected to extensive work. The pain is brief, intermittent and crampy, and may be quite severe. Heat cramps usually occur after several hours of work, and may occur even at low ambient temperatures. The cause is inadequate replacement of electrolytes (sodium and potassium).

Treatment consists of rest in a cool place and replacement of fluids and electrolytes, by drinking cool, caffeine-free fluids and eating a meal.



Prevention is accomplished by ample fluid intake during and after work, and salting of food during meals if not medically contraindicated. Use of electrolyte replacement drinks or lightly salted fruit drinks at the worksite may also be beneficial.



Heat Exhaustion (Heat Prostration): the most common form of heat stress, caused by depletion of water and salt. Symptoms include weakness, anxiety, fatigue, thirst, dizziness, headache, nausea and urge to defecate. Signs in-



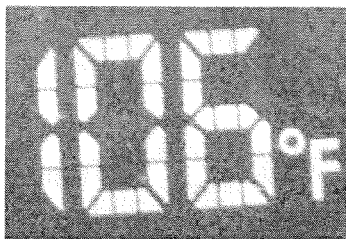
clude profuse perspiration, rapid pulse, in coordination and confusion.

Heat prostration may lead to **heat syncope**, a sudden onset of collapse that is usually of brief duration. During heat syncope the patient appears ashen gray and skin is cool and clammy. Failure to treat heat exhaustion may result in progression to heat stroke. Risk factors include failure to maintain adequate fluid intake during exertion, and taking diuretics.

Treatment is to remove the person to a cool area, having them lie down, remove shirt and shoes, begin oral rehydration. Some cases may require intravenous fluid replacement.

Prevention is accomplished by ample fluid intake during

work, proper work-rest cycles, and salting of food during meals if not medically contraindicated.



Heat Stroke: is a medical emergency. While it may be preceded by signs of heat exhaustion, the onset is often sudden. In heat stroke the body has lost its ability to dissipate heat and maintain a normal body temperature. Body temperature is often elevated over 106°F.

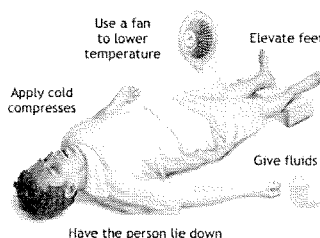
Exertional heat stroke occurs in young, healthy people who maintain inadequate fluid intake during exertion. Signs include headache, chills, gooseflesh, weakness, in coordination, nausea and vomiting, progressing to unconsciousness.

Classical heat stroke is seen in the elderly, those with predisposing medical conditions such as congestive heart failure, diabetes and alcoholism, and those on medications which cause fluid depletion, interfere with sweating or interfere with the body's thermoregulatory system.

Classical heat stroke has few premonitory signs. Collapse may be among the first symptoms. Skin is hot and dry, and pulse is rapid and weak. Shock and death may occur in either type of heat stroke.

Treatment is a medical emergency. The patient must be removed to a cool, air-conditioned place, stripped and cooled rapidly using a water spray and cooling fans.

Prevention includes ample fluid intake during work, proper work-rest cycles, excluding people at high risk from working under conditions of extreme heat and humidity, and maintaining adequate indoor conditions, such as access to cool fluids and use of



cooling fans, for persons at increased risk for heat stroke.

The key to all heat related illness is PREVENTION.

HEAT RASH

Heat Rash - Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children.

Recognizing Heat Rash -

Heat rash looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

What to Do - The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Dusting powder may be used to increase comfort.

Treating heat rash is simple and usually does not require medical assistance. Other heat-related problems can be much more severe.

SUN SAFETY

People who spend a lot of time outdoors run the risk of suffering from more than just heat exhaustion or heat stress.

Repeated exposure to ultraviolet (UV) radiation places them at risk for various forms of skin cancer and eye diseases, such as cataracts. The number of skin cancer cases in the United States continues to increase each year.

The sun's rays are most intense and damaging during

